



# CITY OF GREEN BAY

2022 BENEFIT ENROLLMENT BOOKLET

Elections made during open enrollment will become effective January 1, 2022. The City of Green Bay is dedicated to providing you and your family with valuable benefit packages. The City’s goal is to balance the needs of employees against the ever-rising cost of health care.

All Employees will be required to complete the online enrollment process, whether you are electing benefits, keeping benefits the same, making changes, or waiving all benefits. Employees waiving health insurance coverage must complete the online enrollment process and select “Decline Benefit”. If you do not elect your benefits by the open enrollment deadline, you will be waiving your benefits for the 2022 year.

2022 CHANGES

- Emergency Room copay increase
- 2% increase to Health insurance premiums
- WRS contribution rate changes

**Open enrollment will be held November 10<sup>th</sup>, 2021 through November 24<sup>th</sup>, 2021.  
Deadline to submit your online enrollment is November 24<sup>th</sup>, 2021.**



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# BENEFIT ENROLLMENT DEFINITIONS AND PROCEDURES

**OPEN ENROLLMENT:** During the City's open enrollment period, employees may make changes or apply for benefit coverage for the next calendar year. Enrollment for insurance coverage is subject to requirements of the specific summary plan document, agreements between the vendor and City, or the vendor's requirements. To accommodate requirements the following definitions will apply.

**NEW EMPLOYEES:** New employees in a benefit eligible position may enroll within 30-calendar days of date of hire for health, dental, long term disability, life, vision and Section 125 FSA. Effective date of coverage is the first day of the month following date of enrollment. Eligibility for benefits is in accordance with each summary plan document.

**CURRENT EMPLOYEES:** Following initial employment, employees may change or apply for coverage during the City's annual open enrollment for the next calendar year, except in the case of a qualifying event that permits earlier enrollment.

**Definition of Full-Time/Part-Time Employee for Health Care Coverage:** For purposes of health care coverage, a full-time/part-time employee is defined as an employee in a regular position scheduled to work more than an average of 20-hours per week in a calendar year. If you work more than 20 hours per week, but less than 37.5 hours, your premium will be prorated.

## QUALIFYING EVENTS UNDER HIPAA:

- Marital status change: marriage, death of spouse, divorce, annulment or legal separation.
- Number of dependents: birth, adoption, death of dependent child, newly eligible dependents due to plan design change. HIPAA allows employees who elect single coverage initially to not only add a new dependent, but also allows employees to add the spouse at the time the new dependent is added. HIPAA does not require all eligible dependents be added.
- Loss of coverage: if the employee loses other coverage (e.g. Spouse's health plan coverage terminates, or Medicare or Medicaid eligibility ends).
- You have 30 days from the date of the qualifying event to apply for coverage and coverage will be effective the date of the qualifying event.

**PREMIUM DEDUCTIONS:** Employee benefit deductions will be taken out in 24 equal installments.

**SECTION 125 FLEXIBLE SPENDING ACCOUNT (FSA):** During open enrollment an employee may enroll in the flexible spending account for the next calendar year. Enrollment eligibility and changes to the flexible spending account during the calendar year are subject to qualifying events.

## QUALIFYING EVENTS UNDER SECTION 125

- Dependent status change: dependent no longer satisfies rules for eligibility as a dependent due to attainment of age, loss of student status, marriage of dependent child.
- Employment status: commencement or termination of employment, commencement or return from leave of absence, change from part-time to full-time status or vice versa, strike or lockout.
- Judgment decree or order requiring coverage: QMSCO.
- Change in residence: may qualify if there is a loss of eligibility for a region specific plan.
- Other additional circumstances as allowed under section 125.

# 2022 ELIGIBILITY AND BENEFIT OPTIONS

## WHO CAN YOU ADD TO YOUR PLAN?

### Eligible

- Legally married spouse
- Natural or adopted children up to age 26, regardless of student and marital status
- Children under your legal guardianship
- Stepchildren
- Children under a qualified medical child support order
- Disabled children 19 years or older
- Children placed in your physical custody for adoption

### Ineligible

- Divorced or legally separated spouse
- Common law spouse
- Foster children
- Sisters, brothers, parents or in-laws, grandchildren, etc.

When you enroll, add or remove a spouse and/or dependent children to your health and dental plans you need to provide a copy of the following documentation; add spouse—copy of marriage certificate; dependent children—copy of birth certificate(s); and to remove spouse—divorce decree.

## Health | 1265

### HEALTH ASSESSMENT

You can reduce your health insurance premium and earn Personal Benefit Account (PBA)/Health Savings Account (HSA) dollars by completing a Health Assessment (H.A.). If you carry family coverage your spouse will also help to reduce the health insurance premium by completing an H.A.

The last date to complete your H.A. screening appointment to ensure that you will receive your premium discount for the subsequent calendar year is **September 30, 2022**. If you are a new employee your premium discount will apply after you and, if applicable your spouse takes the H.A.

H.A. includes the screening & MD Sign-off form (if age applicable).

**Health | 1265:** Under this program you can earn additional premium discounts and incentives for being active and participating in wellness programs and activities.

### PERSONAL BENEFIT ACCOUNT/HEALTH SAVINGS ACCOUNT

Employees participating in the City's Health Insurance program can earn \$200-single and \$400-family in their Personal Benefit Account (PBA) or Health Savings Account (HSA) as follows:

INCENTIVE	REQUIREMENT
\$100 for Employee	Employee must complete H.A. and appropriate exams
\$100 for covered Spouse	Spouse must complete H.A. and appropriate exams
\$100 for Employee	\$50 per dental cleaning (employee must submit 2, if on a family plan)
\$100 for covered family member	\$50 per family member dental cleaning

Upload into your Motion Connected account the completed Dental Cleaning Sign-Off Form by **October 31, 2022** to receive your PBA/HSA dollars. Once the form is uploaded you will receive credit under the **Health | 1265** program, if eligible, and corresponding PBA/HSA dollars will be deposited into your account.

# HEALTH INSURANCE

## UMR (Group Health Self-Funded) UHC Choice Plus Network

### OPTION 1: PPO Copay Plan

**Embedded Deductible:** No single individual on a family plan will pay a deductible higher than the individual deductible amount.

	IN-NETWORK	OUT-OF-NETWORK
<b>Deductible</b>		
Single	\$2,250	\$4,500
Family	\$4,500	\$9,000
<b>Deductible Reimbursement Account</b>		
Single		\$500
Family		\$1,000
<b>Out-of-Pocket Maximum</b>		
Single	\$4,500	\$9,000
Family	\$9,000	\$18,000
<b>Coinsurance</b>	80%	60%
<b>Best Value Services</b>		
Routine Preventive Care	FREE	Deductible & Coinsurance
Teladoc (Virtual Care)	FREE	N/A
Bellin Services (Primary Care & Urgent Care)	FREE	N/A
Prevea Services (Primary Care & Urgent Care)	FREE	N/A
<b>REMINDER:</b> Your first Mammogram and/or Colonoscopy will be FREE each calendar year. (Regardless of diagnosis code)		
<b>Physician Services</b>	<b>Copay; Then, Deductible &amp; Coinsurance</b>	
Primary Care	Deductible & Coinsurance	Deductible & Coinsurance
Specialist	\$35 Copay	Deductible & Coinsurance
<b>Hospital Services</b>	Deductible & Coinsurance	Deductible & Coinsurance
<b>Urgent Care Services</b>	Deductible & Coinsurance	Deductible & Coinsurance
<b>For 2022:</b>		
<b>Emergency Room</b>	<b>NEW</b> \$300 Copay (waived if admitted, coded as a true emergency, or was referred to ER from Urgent Care or other Medical Physician)	\$300 Copay (waived if admitted, coded as a true emergency, or was referred to ER from Urgent Care or other Medical Physician)
<b>PRESCRIPTION DRUG</b>	<b>Retail</b>	<b>Mail Order (90 Day Supply)</b>
Generic	\$5 Copay	\$10 Copay
Brand	\$25 Copay	\$50 Copay
Non-Preferred	\$45 Copay	\$90 Copay
Specialty	10% not to exceed \$75 Copay	
<b>NOTE:</b> Prescription Drug Copays track toward Health Insurance Out-of-Pocket Maximum.		

Refer to the Summary Plan Descriptions (SPDs) for detailed medical plan coverage information.

### TOTAL MONTHLY RATES

Employee	\$676.14
Family	\$1,637.77

BI-WEEKLY RATES	11.5%		12.5%		13.75%		15%	
	EE	CITY	EE	CITY	EE	CITY	EE	CITY
Employee	\$38.88	\$299.19	\$42.26	\$295.81	N/A	N/A	\$50.71	\$287.36
Family	\$94.17	\$724.71	\$102.36	\$716.53	\$112.60	\$706.29	\$122.83	\$696.05

# HEALTH INSURANCE (continued)

<b>UMR (Group Health Self-Funded)</b> <b>UHC Choice Plus Network</b>	<b>OPTION 2: HDHP (with HSA offering)</b> <b>Non-Embedded Deductible:</b> Total Family Deductible must be paid out-of-pocket before Coinsurance will kick in.	
	IN-NETWORK	OUT-OF-NETWORK
<b>Deductible</b>		
Single	\$2,500	\$5,000
Family	\$5,000	\$10,000
<b>Out-of-Pocket Maximum</b>		
Single	\$5,000	\$10,000
Family	\$10,000	\$20,000
<b>Coinsurance</b>	80%	60%
<b>Best Value Services</b>		
Routine Preventive Care	<b>FREE</b>	Deductible & Coinsurance
Teladoc (Virtual Care)	\$49 Per Service	N/A
Bellin Services (Primary Care & Urgent Care)	\$50 Per Visit	N/A
Prevea Services (Primary Care & Urgent Care)	\$75 Per Visit	N/A
<b>REMINDER: Your first Mammogram and/or Colonoscopy will be FREE each calendar year. (Only if coded as preventative)</b>		
<b>Physician Services</b>		
Primary Care	Deductible & Coinsurance	Deductible & Coinsurance
Specialist	Deductible & Coinsurance	Deductible & Coinsurance
<b>Hospital Services</b>	Deductible & Coinsurance	Deductible & Coinsurance
<b>Urgent Care Services</b>	Deductible & Coinsurance	Deductible & Coinsurance
<b>Emergency Room</b>	Deductible & Coinsurance	Deductible & Coinsurance
<b>PRESCRIPTION DRUG</b>	<b>Retail</b>	<b>Mail Order</b>
Generic	Deductible & Coinsurance	Deductible & Coinsurance
Brand	Deductible & Coinsurance	Deductible & Coinsurance
Non-Preferred	Deductible & Coinsurance	Deductible & Coinsurance
Specialty	Deductible & Coinsurance	Deductible & Coinsurance

Refer to the Summary Plan Descriptions (SPDs) for detailed medical plan coverage information.

## TOTAL MONTHLY RATES

<b>Employee</b>	\$593.64
<b>Family</b>	\$1,437.96

BI-WEEKLY RATES	11.5%		12.5%		13.75%		15%	
	EE	CITY	EE	CITY	EE	CITY	EE	CITY
<b>Employee</b>	\$34.13	\$262.69	\$37.10	\$259.72	N/A	N/A	\$44.52	\$252.30
<b>Family</b>	\$82.68	\$636.30	\$89.87	\$629.11	\$98.86	\$620.12	\$107.85	\$611.13

## UMR WEBSITE | FIND A UMR PROVIDER

1. Go to: [www.UMR.com](http://www.UMR.com)
2. Select "Find a Provider" then, click on the letter "U"
3. Select "UnitedHealthcare Choice Plus Network" then, select "Search for a Medical Provider"
4. Once redirected, select "Address" and enter your zip code along with your preferred mileage radius
  - From here, you can search by your Doctor's name or select the type of Specialty Doctor that you are looking for



A UnitedHealthcare Company

# Know what you'll pay before getting care

The health cost estimator allows you to research treatment options and learn about the recommended care and estimated costs associated with your selected treatment option. You can even access quality and efficiency measurements for participating providers.

**Refine results**  
Narrow or expand your search area or refine your search for only preferred providers or by star reviews from actual patients.

**View services and costs**  
You can get an estimate based on your location, provider and remaining out-of-pocket cost. You can also see if a provider is above, below or in line with the local average cost.

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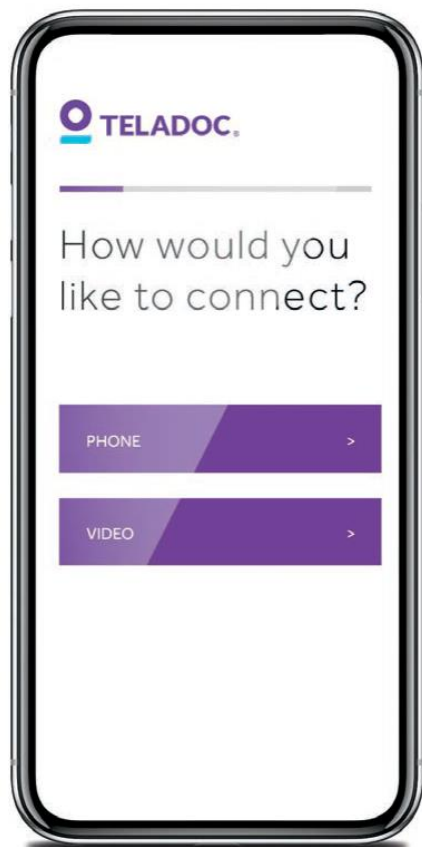
It's easy to get started.  
Just look for the **Health cost estimator** tile on your personal home page.





# Get well, **sooner.**

Care by phone or video anytime, anywhere.\*



## Your Teladoc services:

### Everyday Care

Talk to a U.S.-licensed doctor for non-emergency conditions 24/7 from anywhere you are.

- Bronchitis
- Flu
- Rashes
- Sinus infections
- Sore throats
- And more

### Dermatology

Upload images of a skin issue online or on the app and get a custom treatment plan within 2 days. You can message the dermatologist for 7 days after receiving a plan to ask questions.

- Acne
- Eczema
- Poison ivy
- Rashes
- Rosacea
- And more

## CITY OF GREEN BAY MEDICAL PLAN COVERAGE

**OPTION 1** (PPO Copay Plan): **FREE!** (Medical)  
**FREE!** (Dermatology)

**OPTION 2** (HDHP HSA Plan): **\$49** Fee Per Service (Medical)  
**\$85** Fee Per Service (Dermatology)

## Get started

Download the app



1-800-TELADOC (835-2362) | [Teladoc.com](https://www.teladoc.com)

\*Teladoc is not available internationally.

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### IF YOUR SPOUSE HAS INSURANCE

If you and/or any member of your family is currently enrolled in your employer's medical plan, and you, your dependents (children) or spouse has access to another employer sponsored plan (which may be your spouse's), you may take advantage of the Family Savings Plan by transitioning to the other employer sponsored plan.

### WHAT IS THE FAMILY SAVINGS PLAN?

With the Family Savings Plan, you and your family may be reimbursed 100 percent for eligible out-of-pocket health care expenses (including copayments, coinsurance and deductibles) received under another employer sponsored plan (which may be your spouse's). If the services follow these requirements.

- Coverage under your employer's plan is waived (when you enroll in the other plan)
- Services are covered under the other employer's medical plan
- Services are received from Network Health participating providers
  - Or, if you live outside the Network Health service area, medical services may be received from in-network providers for the other plan.

### HOW DOES THE FAMILY SAVINGS PLAN WORK?

- If your spouse is offered insurance, they must elect the Family Savings Plan.
  - **Exception:** if your spouse has Aurora or ThedaCare coverage
- You will be **reimbursed 100%** for out-of-pocket expenses if you meet the following:
  - Need to be in-network with spouse's insurance and Network Health
  - Must be a covered service under spouse's insurance

To learn more, please log in to your Employee Self Service (ESS) page:

<https://munisselfservice.greenbaywi.gov/MSS/Default.aspx>

# OBTAIN THE RIGHT HEALTH CARE AT THE RIGHT COST

TYPE OF CARE	REASONS TO GO			COST	
				PPO	HDHP
Teladoc (virtual care)	<ul style="list-style-type: none"><li>○ Sinus Infection</li><li>○ Pink Eye</li><li>○ Bronchitis</li><li>○ Influenza</li></ul>	<ul style="list-style-type: none"><li>○ Cold Symptoms</li><li>○ Bowel / Digestive</li><li>○ Laryngitis</li><li>○ Rash</li></ul>	<ul style="list-style-type: none"><li>○ Acne</li><li>○ Head Lice</li><li>○ Diaper Rash</li><li>○ Allergies</li><li>○ <b>Much More!</b></li></ul>	\$0 Phone or Video	\$49 Phone or Video
Bellin Virtual Care				\$0 E-Visit or Video	\$0 E-Visit or Video
Bellin Fast Care Ages 18 Months+	<ul style="list-style-type: none"><li>○ Bladder Infection</li><li>○ Strep Throat</li><li>○ Mononucleosis</li></ul>	<ul style="list-style-type: none"><li>○ Ear Infection</li><li>○ Blood Pressure Checks</li><li>○ <b>Much More!</b></li></ul>		\$0	\$50
Primary Care	<ul style="list-style-type: none"><li>○ Chronic Disease Management</li><li>○ Anxiety</li><li>○ Depression</li></ul>	<ul style="list-style-type: none"><li>○ Nicotine Cessation</li><li>○ <b>Much More!</b></li></ul>		\$0 Bellin	\$50 Bellin
				\$0 Prevea	\$75 Prevea
	<b>Reminder: all preventive care visits are \$0</b>				
Therapy Occupational & Physical	<ul style="list-style-type: none"><li>○ Tendonitis</li><li>○ Sprains</li><li>○ Rehab</li></ul>	<ul style="list-style-type: none"><li>○ Strains</li><li>○ Work Injuries</li><li>○ Chronic Pain</li></ul>		\$10 Bellin	\$10 Bellin
				\$10 Prevea	\$75 Prevea
Urgent Care	<ul style="list-style-type: none"><li>○ Sprains</li><li>○ Strains</li></ul>	<ul style="list-style-type: none"><li>○ Urgent Health Concerns</li><li>○ Broken Bones</li></ul>		\$0 Bellin	\$50 Bellin
				\$0 Prevea	\$75 Prevea
Emergency Room <u>or</u> Call 911	<ul style="list-style-type: none"><li>○ Sudden Change In Vision</li><li>○ Difficulty Breathing</li><li>○ Severe Head Injury</li></ul>	<ul style="list-style-type: none"><li>○ Chest Pain</li><li>○ Heavy Bleeding</li><li>○ Other symptoms Requiring Immediate Attention</li></ul>		\$300 Copay waived if admitted or coded as a true emergency	Deductible and Coinsurance

# DENTAL INSURANCE

## DENTAL ASSOCIATES (You can only go to Dental Associates locations)

## DELTA DENTAL

<b>Deductible</b>		
Single	\$0	\$50
Family	\$0	\$150
<b>Annual Maximum</b> (per person per year)	\$2,500	\$2,500
<b>Preventative Services</b>		
Bite Wing X-Rays		
Cleanings	100%	100%
Oral Exams		
Topical Fluoride (Covered to age 19)		
Sealants		
<b>Basic Services</b>		
All other X-Rays		
Extractions		
Fillings	100%	Deductible; Then, 80%
Oral Surgery		
Periodontics		
Stainless Steel Crowns		
Space Maintainers		
<b>Major Services</b>		
Endodontics		
Full & Partial Denture Repair		
Implants	100%	Deductible; Then, 50%
Inlays/Onlays		
Partial or Complete Dentures		
Porcelain Crowns		
<b>Prosthodontic Services</b>	100%	Deductible; Then, 50%
Removable or Fixed Bridgework		
<b>Orthodontics</b>	50% to \$2,500 Maximum	Deductible; Then, 50% to \$2,500 Annual Maximum
Per course of treatment	(Ortho separate Lifetime Maximum)	

Refer to the Summary of Benefits or Summary of Plan Descriptions (SPD) for detailed dental plan coverage information.

## TOTAL MONTHLY RATES

	DENTAL ASSOCIATES	DELTA DENTAL
<b>Employee</b>	\$34.66	\$43.93
<b>Family</b>	\$105.30	\$133.51

BI-WEEKLY RATES	DENTAL ASSOCIATES			DELTA DENTAL		
	MONTHLY	EE	CITY	MONTHLY	EE	CITY
<b>Employee</b>	\$34.66	\$2.16	\$15.17	\$43.93	\$2.73	\$19.23
<b>Family</b>	\$105.30	\$6.58	\$46.07	\$133.51	\$8.34	\$58.41

## Delta Dental - FIND A PROVIDER

**Go To:** <https://www.deltadentalwi.com/s/find-a-provider> (When you see a Delta Dental PPO dentist, your out-of-pocket expense will most likely be the lowest. However, if you see a Delta Dental Premier dentist, you will still see cost savings as opposed to visiting an out-of-network dentist)

# VOLUNTARY VISION INSURANCE

## Superior Vision

SUPERIOR VISION	FULL SERVICE		MATERIALS ONLY	
<b>Frequency Limitations</b>				
Eye Examination	Once Every 12 Months		Not Covered	
Lenses	Once Every 12 Months		Once every 12 Months	
Frame	Once Every 24 Months		Once every 24 Months	
Contact Lenses	Once Every 12 Months		Once Every 12 Months	
<b>Vision Benefits</b>	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Vision Exam	100%	Up To \$35	No Coverage	No Coverage
Frames	Up To \$125	Up To \$70	Up To \$125	Up To \$70
<b>Lens Benefit</b> <i>(clear, standard, glass or plastic)</i>		<b>Up To:</b>		<b>Up To:</b>
Single	100%	\$25	100%	\$25
Bifocal	100%	\$40	100%	\$40
Trifocal	100%	\$45	100%	\$45
<b>Contact Lens Benefit</b>		<b>Up To:</b>		<b>Up To:</b>
Medically Necessary <i>(with pre-auth.)</i>	100%	\$150	100%	\$150
Elective <i>(in lieu of spectacle glasses)</i>	Up To \$150	\$125	\$150	\$125

Refer to the Summary of Benefits (SBC) for detailed medical plan coverage information.

BI-WEEKLY RATES	FULL SERVICE	MATERIALS ONLY
<b>Employee</b>	\$3.95	\$2.80
<b>Limited Family</b>	\$7.91	\$5.58
<b>Family</b>	\$10.48	\$7.39

**NOTE:** Limited Family is defined as Employee + Spouse or Employee + Child(ren)

### SUPERIOR VISION - FIND A PROVIDER

**Go To:** [https://www.superiorvision.com/member/locate\\_provider](https://www.superiorvision.com/member/locate_provider)

1. Click on "Find a Provider"
2. Enter location
3. Coverage Type "Insurance Through Your Employer"
4. Choose Your Network "Superior Select Midwest"
5. Click on "Find Providers"

# GROUP TERM LIFE AND AD&D BENEFITS

## The Standard

### City Provided Basic Term Life & Accidental Death & Dismemberment Insurance (AD&D)

Class 1 – All Employees	1x salary rounded up to next \$1,000, up to a maximum of \$100,000
AD&D Coverage – Employee Only	100% of an employee's Basic Life amount

### Voluntary Supplemental Term Life and AD&D Insurance

<b>Employee Coverage</b> (\$10,000 increments)	\$500,000 Maximum (\$10,000 increments)  <b>Note:</b> No medical evidence is required if enrolled within <u>30 days</u> of hire; \$300,000 maximum. Medical evidence is required if late enrollee or if applying for more than \$300,000 maximum.
<b>Spouse Coverage</b> (\$5,000 increments)	\$250,000 Maximum  <b>Note:</b> No medical evidence is required if enrolled within <u>30 days</u> of hire; \$40,000 maximum. Medical evidence is required if late enrollee or if applying for more than \$40,000 maximum.
<b>Child Coverage</b>	\$15,000 Maximum

### Employee & Spouse (Buy-Up Option) Age Banded Rates, Per \$1,000

(Includes AD&D)

Age	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
<b>RATES</b>	\$0.062	\$0.097	\$0.132	\$0.167	\$0.202	\$0.237	\$0.272	\$0.682	\$1.087	\$2.020

Calculation example: Employee age 36 Buy-Up Amount: \$100,000/1000 = \$100 x age based rate \$.132 = \$13.20/2 = \$6.60  
Bi-weekly Premium

### VALUE-ADDED BENEFITS

**Life Services Toolkit:** Employees enrolled in Standard's Life insurance are automatically enrolled in the Life Services Toolkit benefit. Resources are automatically available to insured employees and their beneficiaries can access to comprehensive online resources. Beneficiaries can consult experts by phone or in person, and obtain information online. These services are available to insured employees and their beneficiaries for 12 months after the date of death, and include:

EMPLOYEE BENEFITS	BENEFICIARY BENEFITS
<ul style="list-style-type: none"> <li>○ Estate Planning Assistance</li> <li>○ Funeral Arrangements</li> <li>○ Identity Theft Prevention</li> <li>○ Financial Planning</li> <li>○ Health and Wellness Resources</li> </ul>	<ul style="list-style-type: none"> <li>○ Grief Support</li> <li>○ Legal Services</li> <li>○ Financial Counseling</li> <li>○ Support Services (i.e. funeral or memorial service planning)</li> <li>○ Online Resources</li> </ul>

**Travel Assistance:** Travel Assistance, provided through an arrangement with a service provider that is not affiliated with The Standard, is available if you are enrolled in the Standard's Life Insurance coverage. This benefit provides travel assistance to you and your immediate family members when you're traveling 100 or more miles from home for up to 180 days (domestically or internationally, and for business or pleasure).

# DISABILITY BENEFITS

Active full-time employees working at least 37.5 hours per week are eligible for coverage. Long Term Disability (LTD) covers injuries and illnesses, both work and non-work related. Employees have 2-voluntary LTD plan options; each provides 60% of pre-disability earnings up to \$6,000 a month. For the benefit waiting period and the first twenty-four months that Long Term Disability benefits are payable, you will be considered disabled if, as a result of physical disease, injury, pregnancy or mental disorder: You are unable to perform with reasonable continuity the material duties of your own occupation, and you suffer a loss of at least 20 percent of your pre-disability earnings when working in your own occupation. You are not considered disabled merely because your right to perform your own occupation is restricted, including a restriction or license. After the own occupation period of disability, you will be considered disabled if, as a result of a physical disease, injury, pregnancy or mental disorder, you are unable to perform with reasonable continuity the material duties of any occupation.

**OPTION 1:** Benefit payments begin after a 90-day elimination period

**OPTION 2:** Benefit payments begin after 180-day elimination period

This benefit will extend beyond 24-months only if employee cannot perform with reasonable continuity the material duties of any occupation. Once the claim is approved the employee is eligible to receive LTD benefits starting on day 90 or 180 after the date disability began depending on the chosen plan option. If you become disabled before age 62, Long Term Disability benefits may continue during disability until you reach age 65. If you become disabled at age 62 or older, the benefit duration is determined by your age when disability begins. Benefits may be reduced if receiving income from other sources – the following are examples of other sources of income. Please refer to the group Certificate for plan specifics.

- Any government retirement system earned as a result of working for your current employer
- Any Social Security benefits or similar plan or Act
- Earnings from any form of employment
- Sick Leave
- Any disability or retirement benefit received under a retirement plan
- Workers Compensation
- Payment from Statutory Disability Plans

## PLAN OPTION 1: 90-DAY ELIMINATION PERIOD

Employee Age	0-29	30-34	35-39	40-44	45-49	50-54	55-59	60+
Cost per \$100 of covered monthly payroll	\$0.104	\$0.150	\$0.227	\$0.356	\$0.524	\$0.718	\$0.852	\$0.833

- Example**
- $\$36,000/12 = \$3,000$  (Covered Monthly Payroll)
  - $\$3,000/100 \text{ Units} = 30$  (Number of \$100 units of monthly covered Payroll)
  - $\$30 \times .227 \text{ (age 35 rate)} = \$6.81$  Cost per month or \$3.41 per paycheck
  - $(\$6.81 \times 12 \text{ months} / 24 \text{ pay periods}) = \$3.41$  per pay check cost

## PLAN OPTION 2: 180-DAY ELIMINATION PERIOD

Employee Age	0-29	30-34	35-39	40-44	45-49	50-54	55-59	60+
Cost per \$100 of covered monthly payroll	\$0.086	\$0.127	\$0.194	\$0.309	\$0.446	\$0.645	\$0.740	\$0.747

- Example**
- $\$36,000/12 = \$3,000$  (Covered Monthly Payroll)
  - $\$3,000/100 \text{ Units} = 30$  (Number of \$100 units of monthly covered Payroll)
  - $\$30 \times .194 \text{ (age 35 rate)} = \$5.82$  Cost per month or \$2.91 per pay check ( $\$5.82 \times 12 \text{ months} / 24 \text{ pay periods} = \$2.91$  per pay check cost)

## VALUE-ADDED BENEFITS

**Employee Assistance Program:** If you are enrolled in The Standard's Long Term Disability plan, you and your immediate family will have access to the Employee Assistance Program (EAP). You are eligible to receive up to 3 face-to-face sessions per issue, by phone or in person. All of the clinicians have Master's degrees. Visit:

[www.workhealthlife.com/Standard3](http://www.workhealthlife.com/Standard3) to learn more.

# FINANCIAL & MENTAL WELLNESS BENEFITS

## WISCONSIN RETIREMENT SYSTEM (WRS)

The Wisconsin Retirement System covers employees of the State of Wisconsin and local government employers. Administered by the Department of Employee Trust Funds (ETF), this plan is rated as one of the top retirement plans in the United States. Contributions begin as of the date of hire for eligible employees. Elected officials, general employees and protective employees pay 50% of the general contribution rate. For more information regarding the Wisconsin Retirement System, please visit the WRS website.

Employment Category	Employee Contribution	City Contribution
General Employee	6.50% of earnings	6.50% of earnings
Protective with Social Security	6.50% of earnings	12.08% of earnings
Protective without Social Security	6.50% of earnings	16.48% of earnings
Elected Official	6.50% of earnings	6.50% of earnings

## DEFERRED COMPENSATION

The City of Green Bay participates in two Section 457 deferred compensation plans administered by Wisconsin Deferred Compensation (WDC) and ICMA. These plans allow you to save and invest funds for retirement while deferring Federal and State income taxes until retirement. Contact WDC or ICMA directly for questions about their deferred compensation plan. Enrollment and changes to your plan can be made at any time by submitting the enrollment/change form to HR. Contact information can be found on the last page of the employee benefit booklet. 2022 maximum contribution limits are listed below.

Plan	2022 Contribution Limit
Annual Deferral Limit for 457 Plans	\$20,500
Pre-Retirement Catch-Up Limit	\$20,500
Age 50 Catch-Up Limit	\$ 6,500

## EMPLOYEE ASSISTANCE PROGRAM

In today's complex world, we all can use assistance every now and then. The City of Green Bay's Employee Assistance Program (EAP), administered by Employee Resource Center (ERC), provides confidential, professional counseling services to help resolve personal concerns that affect your family life, health or work life. The City sponsors this program and there is **no cost** to you or anyone that lives in your household for your counseling visits. You are allowed **8 FREE sessions** per issue, per year. Why pay out of pocket, spend your health care savings dollars or tap into your insurance benefits when you can receive high-quality, confidential counseling services at no cost through your EAP?

Please reference the flyer on the next page to learn more.



# Employee Assistance Program (EAP)

At **ERC: Counselors & Consultants**, we commit ourselves every day to helping lift the mental burdens that hold you back from your full potential.

- We provide **short-term counseling and mental health support services** for you, your dependents, and those in your immediate household.
- There's **no cost or co-pays to you**, and we are not tied to your insurance. Your employer sponsors this mental health benefit.
- All services are **strictly confidential** and no identifying information is provided to your employer. ERC is HIPAA compliant.
- We have our **own team of licensed counselors** as well as a network of propriety counselors throughout the nation to assist you wherever you are located.

## How to Use Your Employee Assistance Program



### 1. Recognize an Issue

We assist people with a variety of concerns, such as marriage/couple issues, parenting, stress & anxiety, depression, grief, family dynamics, and much more.



### 2. Schedule an Appointment

If you are struggling with an issue, call ERC at 1-800-222-8590 to make an appointment with a counselor. Your free and confidential EAP benefit can include telephonic, video, and/or face-to-face counseling.



### 3. Talk with a Counselor

During your counseling sessions, your counselor and you will talk about your concerns and develop an ongoing plan for meeting your mental health goals.

We are **available when you need us**. There's one number to call, and we always answer the phone no matter the day or time.

**1-800-222-8590 | ERCincorp.com**



# PRE-TAX SAVINGS

## HEALTH SAVINGS ACCOUNT

The City of Green Bay offers a medical plan that features an HSA – the High Deductible Health Plan. An HSA is an investment tool available where the money you save goes in tax-free, earns interest tax free and can be spent on qualified health care expenses tax-free.

If you are enrolled in the High Deductible Health Plan option, you may open an HSA account with the bank or institution of your choice.

**The City of Green Bay will contribute up to \$500 for single coverage and up to \$1,000 for family coverage.**

## HOW THE HSA WORKS

<b>MONEY GOES IN</b>	Pretax contributions* from you, up to a total of: <ul style="list-style-type: none"><li>○ \$3,650 for individual coverage</li><li>○ \$7,300 if you enroll your spouse and/or child(ren).</li><li>○ An extra \$1,000 if you are age 55 or older</li></ul>
<b>MONEY GOES OUT</b>	<p>You pay the full cost of non-preventive care, including non-preventive prescription drugs, until you meet the deductible. You receive discounted rates in-network.</p> <p>When you have an eligible health care expense, **you decide whether to use your HSA if you’ve accumulated enough money to cover it or pay with other resources. Either way, those dollars count toward the medical plans’ deductible and out-of-pocket maximum. Any amount you spend on qualified medical expenses is also tax-free.</p>
<b>HAVE MONEY LEFT? IT ROLLS OVER!</b>	Any money left in your account is yours to pay for health care in the future. There’s no deadline and no limit on how large your account can grow. If you leave the City of Green Bay, you can take it with you.

\* If you’re enrolling during the year, you may not be eligible to make a full-year contribution to your HSA. Talk to your tax advisor before signing up for pretax deductions. See IRS Publication 969 for more information.

\*\* The HSA can be used to reimburse you for qualified medical, dental, and vision expenses. See IRS Publication 502 for more information.

## HSA ELIGIBILITY

- You must be enrolled in a HDHP
- You cannot have any other “impermissible coverage” which includes a spouse’s non-HDHP plan or FSA coverage
- You or your spouse cannot be currently enrolled in Medicare
- You cannot be claimed as a dependent on another person’s tax return

## PRE-TAX SAVINGS (continued)

With a Flexible Spending Account (FSA), you can set aside tax-free money to pay for eligible medical and dependent care expenses. When you participate in an FSA, you decide how much you want to contribute each plan year (Jan. 1 through Dec. 31). The money you contribute is deducted from your pay before taxes are taken out. ***This lowers your taxable income, which means lower taxes for you!*** However, you must use the amounts in your account by year-end or lose the balance.

- ✓ The City will allow the statutory maximum (\$570) of unused funds remaining in your (FSA) to be rolled over to the subsequent Plan Year.

The City of Green Bay offers three types of FSAs administered by Employee Benefits Corporation (EBC).

### TRADITIONAL HEALTH CARE FSA

You can use this FSA to pay any qualified health care expense, including copays and deductibles, dental care and vision care. You're ***not*** eligible for the Traditional Health Care FSA if you are currently contributing to a Health Savings Account.

### LIMITED HEALTH CARE FSA

The expenses that are reimbursed by this FSA are limited to dental and vision care expenses in the plan year only. You're eligible if you're enrolled in the High Deductible Health Plan Option; use the Limited Health Care FSA along with a Health Savings Account (HSA) and maximize your tax savings!

### TRADITIONAL AND LIMITED FSA CONTRIBUTION LIMITS

The City of Green Bay follows the indexed contribution limits set for this type of account by the Internal Revenue Service (IRS). The contribution limits for both the Traditional Health Care FSA and Limited Health Care FSA work on an individual employee/financial representative basis. The individual maximum is \$2,850. However, if you and your spouse are both eligible for the same employer's FSA, you can each contribute separately to have your own \$2,850 cap.

### DEPENDENT CARE FSA

The Dependent Care FSA covers the eligible day care expenses for your tax-qualified dependent(s). This can include a tax-qualified dependent under the age of 13 or an elderly parent or spouse who is physically or mentally incapable of self-care and lives with the account owner.

Unmarried individuals and married couples who file a joint tax return can contribute up to a maximum of \$5,000 per year. Individuals who are married and file taxes separately can contribute up to a maximum of \$2,500. You can't contribute more than you or your spouse earned in income for the year. ***If you're enrolling during the year, you may not be eligible to make the maximum contribution to your FSAs. Talk to your tax advisor before signing up for pretax deductions. See IRS Publication 502 for more information.***

## 2022 PAYROLL CALENDAR

PAY PERIOD	PR #	(B)/Water Pay Date	Health/Dental Vision/Life/LTD Deductions		PR #	(B1) Pay Date	Health/Dental Vision/Life/LTD Deductions
Dec 5– Dec 18	26	December 23	(December – Half)		26	December 30	No Deductions
Dec 19 – Jan 1, 2022	1	January 6, 2022	(January – Half)		1	January 13, 2022	(January – Half)
Jan 2 – Jan 15	2	January 20	(January – Half)		2	January 27	(January – Half)
Jan 16 – Jan 29	3	February 3	(February - Half)		3	February 10	(February - Half)
Jan 30 – Feb 12	4	February 17	(February - Half)		4	February 24	(February - Half)
Feb 13 – Feb 26	5	March 3	(March - Half)		5	March 10	(March - Half)
Feb 27 – March 12	6	March 17	(March - Half)		6	March 24	(March - Half)
March 13 – March 26	7	March 31	No Deductions		7	April 7	(April - Half)
March 27 – April 9	8	April 14	(April - Half)		8	April 21	(April - Half)
April 10 – April 23	9	April 28	(April - Half)		9	May 5	(May - Half)
April 24 – May 7	10	May 12	(May - Half)		10	May 19	(May - Half)
May 8– May 21	11	May 26	(May - Half)		11	June 2	(June - Half)
May 22 – June 4	12	June 9	(June - Half)		12	June 16	(June - Half)
June 5 – June 18	13	June 23	(June - Half)		13	June 30	No Deductions
June 19 – July 2	14	July 7	(July - Half)		14	July 14	(July - Half)
July 3 – July 16	15	July 21	(July - Half)		15	July 28	(July - Half)
July 17 – July 30	16	August 4	(August - Half)		16	August 11	(August - Half)
July 31 – Aug 13	17	August 18	(August - Half)		17	August 25	(August - Half)
Aug 14 – Aug 27	18	September 1	(September - Half)		18	September 8	(September - Half)
Aug 28 – Sept 10	19	September 15	(September - Half)		19	September 22	(September - Half)
Sept 11 – Sept 24	20	September 29	No Deductions		20	October 6	(October - Half)
Sept 25 – Oct 8	21	October 13	(October - Half)		21	October 20	(October - Half)
Oct 9 – Oct 22	22	October 27	(October - Half)		22	November 3	(November - Half)
Oct 23 – Nov 5	23	November 10	(November - Half)		23	November 17	(November – Half)
Nov 6 – Nov 19	24	*November 25	(November - Half)		24	December 1	(December – Half)
Nov 20 – Dec 3	25	December 8	(December – Half)		25	December 15	(December – Half)
Dec 4 – Dec 17	26	December 22	(December – Half)		26	December 29	No Deductions
Dec 18 – Dec 31, 2022	1	January 5, 2023	(January – Half)		1	January 12, 2023	(January – Half)

*Please Note: Deferred Comp deductions are taken from 26 pay periods.*

**(B): Administrative Services, Common Council, Community & Economic Development, Fire, Human Resources, Law, Mayor, Municipal Court, Police, Public Works Engineering Division.**

**(B1): Parks, Recreation & Forestry, Public Works Operations, Parking, Sewer and Storm Divisions, and Transit.**

*\* Pay date is Friday (Thursday 11/24/22 is Thanksgiving, which is our normal pay date and banks are closed)*

## QUICK REFERENCE GUIDE

COVERAGE	CARRIER	CONTACT
Medical	UMR	800.826.9781 www.umar.com
Family Savings Plan	Network Health	1.877.872.4232
Prescription Drugs	Optum Rx	877.559.2955 Mail Order: 877.390.9200
Organ Transplant Carrier	OptumHealth Care Solutions	877.801.3507
Occupational Health Nurse	The City of Green Bay	920.448.3127 Lori.kroenke@greenbaywi.gov
Wellness Coordinator	The City of Green Bay	920.448.3101 Amber.vanallen@greenbaywi.gov
Dental	Dental Associates	920.431.0345 www.dentalassociates.com
	Delta Dental of WI	800.236.3712 www.deltadentalwi.com claims@deltadentalwi.com
Voluntary Vision Insurance	Superior Vision Ins. of WI	800.883.5747 www.visionplans.com
Group Term Life & AD&D, Supplemental Term Life	The Standard	888.937.4783 www.standard.com
Voluntary Long Term Disability	The Standard	888.937.4783 www.standard.com
Employee Assistance Program	Employee Resource Center	800-222-8590 Ercincorp.com
Flexible Spending Account	Employee Benefits Corporation (EBC)	800.346.2126 www.ebcflex.com
Deferred Compensation 457 Plan	ICMA-RC	ICMA-RC: 800.669.7400 www.icmarc.org
	WI Deferred Compensation	877.457.9327 www.wdc457.org
Retirement Plan	WI Retirement System (WRS)	877.533.5020 www.eft.wi.gov
Human Resources	The City of Green Bay	920.448.3147 Human.resources@greenbaywi.gov

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your employer. It does not include all of the terms, coverage, exclusions, limitations and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request. The intent of this document is to provide you with general information regarding the status of and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issue. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

